

May 16, 2010

The Honorable Robert D. Drain,
United States Bankruptcy Judge
United States Bankruptcy Court for
The Southern District of New York

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I am writing this letter requesting that the court continue my Administrative Claim (Andrew C. Gregos; Case No. 05-44481 RDD) against the Delphi Corporation.. Delphi has objected to my claim and requested that it be expunged. I do not feel that this is appropriate.

Mr. Chiappetta of Skadden and Associates has contacted me regarding my claim in an effort to establish a "meet and confer" telephone conference.

I've provided two options for this meeting. One of which was not acceptable, and the other has yet to be confirmed by Mr. Chiappetta. He also asked if we could meet at a different time. I have not been able to confirm any other time that my ERISA attorney, and I are available.

I am concerned about Delphi's lack of cooperation in dealing with my case. Delphi has ignored my medical documentation and failed to provide any medical evidence supporting their claim.

On two separate occasions, Delphi selected "an independent doctor". Both times that doctor reported I was unable to return to work. Delphi however, has ignored these reports even though they selected the doctor and required the medical examination. Had this doctor determined that I was able to return to work, you can be assured that Delphi would have placed heavy emphasis on his decision. Since the decision was unfavorable to Delphi, they chose to ignore the decision.

It should also be noted that Delphi required that I apply for Social Security disability. I complied and Social Security disability was awarded. Subsequently, Delphi has failed to recognize this disability award even though they required I apply.

I have provided countless documents supporting my condition. Yet, Delphi continues to ignore those.

I had applied for medical retirement, as required by the Delphi disability leave program. They have failed to act on this request. Their first response stated that they had insufficient documentation to support my claim. This documentation has been provided numerous times to Delphi, the National Benefit Center and MetLife, all agents of Delphi.

Delphi, then stated that I had not reached "maximal medical improvement" and that the Employee Benefit Plan Committee (EBPC) had rejected my claim. They also stated that

this decision was final and binding, and could not be appealed. If I disagreed with their decision, I would need to pursue this through the courts. I questioned this and found that my case had not been reviewed by the EBPC. I then asked that my case be reviewed by the EBPC as per our employee benefits program. To the best of my knowledge, that never occurred.

Once these problems started to arise, I contacted an ERISA attorney who is now dealing with Delphi on my behalf.

Now it began to become more complicated. Delphi requested that I return to medical department for a medical exam. In addition, they stated that I should bring any documentation supporting my case, which I did. I provided 47 pages of documentation to the nurse who subsequently gave it to the doctor. The doctor reviewed the documentation, while the nurse was taking my blood pressure and pulse. At this time I noticed the nurse already had the return to work paperwork completed. This seems extremely odd to me that someone could have completed the paperwork prior to me even being examined by Dr.

I was led to an examining room and within one or two minutes the doctor came in with the documentation. He amazingly reviewed all these documents in just a few short minutes

The doctor explained that he felt I could return to work for a half hour a day sitting and one hour standing. I questioned this. I continually pointed out in my documentation numerous places, where doctors have stated I was unable to work.

I pointed out, that the independent doctor they selected determined that I could not return to work on two separate occasions. The doctor told me that he did not have to take this into consideration.

I explained that Social Security has classified me as totally and permanently disabled. He stated that he does not have to take that into consideration either.

He told me he did not believe the documentation or the test results. He also stated that he felt the tests were antiquated and not definitive. I explained that the specialists do not share his beliefs, and they feel they are the best tests available to diagnose my problem. When I asked the doctor what he felt would be an adequate test, he did not have a recommendation. He just told me I needed keep looking.

During this entire visit the doctor never examined me. He never checked my reflexes never checked my functionality, and yet somehow decided that I was able to return to work against all the documentation that was provided
It was becoming obvious to me that this "return to work exam" was orchestrated as a way to return me to work so they could separate me from the company and eliminate my expense.

The medical department contacted personnel and asked that they come to the medical area to meet with me. Personnel told me that there were no jobs available and therefore, I was being severed. I stated that I would take a lower level job with the one and one half hour work restrictions that medical had identified. Personnel reiterated the statement that no jobs were available

The personnel representative had in her possession severance papers already completed. How could they have had these completed prior to me being reviewed by medical if this had not been an orchestrated plan

I left personnel and contacted my attorney.

Delphi and its agents have been less than cooperative in dealing with my case. It has been difficult to obtain documentation, medical evidence, medical reports, and even the criteria they use for medical retirement decisions. It appears to me that Delphi is stalling or attempting to wear me down. That will not happen.

Delphi also made numerous mistakes regarding my situation. These include severance payments, incorrect amounts, payments were delayed and the initiation of COBRA insurance was also delayed since I refused to sign severance agreements.

These agreements required that I relinquish all legal rights, including ERISA rights, civil rights, and others. Therefore, it was not practical for me to agree to this.

My attorney has dealt with Delphi or its agents trying to resolve this issue outside of federal court. So far we have had no success. In fact, one Delphi agent told my attorney that we would be able to appeal to the medical retirement decision if done within 60 days.

My attorney filed the appeal, and we received notification that since I had returned to work, they had closed claim, because I was no longer considered disabled. However, it was their decision to attempt to return me to work and classify me as able to return to work against doctor's orders.

To make it worse, the next day Delphi sent my last severance check via FedEx. This check was for more money than I should have received. I contacted personnel and was told they decided to pay me for one day, the day that I was in the medical department. It appears that by paying me for one day they consider that a "return to work". It should be noted that I have not cashed any of the severance or separation checks that Delphi issued.

Several months later, I also received notification that stated, "As a recently rehired salaried employee with seniority, I was now eligible for medical benefits." This befuddled me. I contacted my attorney and he was also unaware of any change in my status. I did nothing with this letter. However, about a week later I received new insurance cards in the mail. I had a medical provider verify coverage, and it was

determined that this was a special code that needed approval of a representative. That representative instructed the medical provider that I actually did not have coverage. I provided this information to show that Delphi has continued to fight the situation and in fact, play numerous games.

Several times we have asked for medical documentation,. We have received some documentation, however, Delphi has yet to provide the entire medical record or file.

It is amazing to me that Delphi waited until August 2009 after nearly all opportunities in the bankruptcy court had been closed. I have filed this claim in bankruptcy court as administrative claim as that was the only option available to me in bankruptcy court.

I have provided documentation supporting my case in the last two mailings to the attorneys, Delphi and the Court. Therefore, I am not submitting any additional documentation at this time.

Thank you for your time, and I trust that you allow my claim to be resolved in bankruptcy court.



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